MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

	SERIAL NO.		FILING DATE
	APPLICANT(S)		

CLAIMS

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			CLAIMS		IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP									
1															
2								51							
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49								98							
50								99							
TOTAL IND.								100							
TOTAL DEP.								TOTAL IND.							
TOTAL CLAIMS								TOTAL DEP.							
								TOTAL CLAIMS							